

EMPLOYER'S WITHHOLDING TAX AMENDED RETURN FOR OVERPAYMENTS

FORM
MO-941X
(REV. 11-2001)

MO TAX ID NUMBER		TAX PERIOD (CC.YYMM)	
BUSINESS NAME			
ADDRESS			
CITY, STATE, ZIP CODE			
REASON FOR CHANGE		<input type="checkbox"/> TAX WITHHELD TO MISSOURI IN ERROR <input type="checkbox"/> OTHER _____	
		<input type="checkbox"/> CREDIT <input type="checkbox"/> REFUND	
I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate, and complete return.			
AUTHORIZED SIGNATURE			DATE
TELEPHONE		Mail return and supporting documentation such as payroll ledger, payroll reports, Form W-2(s), etc. to: Missouri Department of Revenue, P.O. Box 999, Jefferson City, MO 65108-0999.	

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|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|
| 1. Withholding
This Period | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 2. Compensation
Deduction | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 3. Previous Overpay/
Payments | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 4. Balance | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 5. Additions to Tax
<i>(see Instructions)</i> ... | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 6. Interest
<i>(see Instructions)</i> ... | \$ | | | | | | | | | | | | | | | | | | | 0 0 |
| 7. Overpayment | \$ | | | | | | | | | | | | | | | | | | | 0 0 |

DOR USE ONLY

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